

MISSOURI DEPARTMENT OF SOCIAL SERVICES  
SAMII PAYMENT REQUEST FORM

Mail to:  
DFAS Accounts Payable (A/P)  
P.O. Box 1643  
Jefferson City, MO 65102-1643

DFAS USE ONLY

EFT

PAPER

VENDOR#

\*THIS FORM IS TO BE USED FOR VENDOR INVOICES PAID THROUGH SAMII ONLY; NO FORM REQUIRED FOR EMPLOYEE EXPENSES

DIVISION	UNIT/OFFICE	
DFAS	Cole	
CONTACT PERSON NAME	PHONE NUMBER	
Joy Benne	751-7027	

VENDOR/PAYEE NAME	AMOUNT OF PAYMENT
Alliance For Life - Missouri Inc	\$320,471.89

CONTRACT# OR PG NUMBER (if applicable)	
	CS170042001/

CODING INFORMATION:	
ORGANIZATION CODE(S) TO BE CHARGED:	3155
DESCRIPTION OF CODING OR FUNDING SOURCE (Indicate the exact words from coding sheet): ALTERNATIVES TO ABORTION TANF 100% 0199 886 3155 2960 1536 Q221	

SPECIAL INSTRUCTIONS FOR PAYMENT, IF APPLICABLE	
October 2018 Payment #46048968600 Contract allows for payment to be made in advance	

DFAS USE ONLY—DO NOT WRITE/ MARK BELOW

ENCUMBER:	DATE:
PURCHASING:	
PO#	COMM LINE: INIT/DATE:
ACCOUNTS PAYABLE	
DATA ENTRY:	APPROVAL:

Alternatives to Abortion Invoice

Contract # CS170042001

Vendor Number: [REDACTED]

Vendor Name: Alliance for Life - Missouri Inc  
Vendor Address: 487 SW Ward Rd  
Lee's Summit, MO 64081

Bill To: Missouri Department of Social Services  
Division of Finance & Administrative Services  
P.O. Box 1643  
Jefferson City, MO 65102-1643

**"ORIGINAL"**  
Only Invoice Available

Invoice Number: 2019-04  
Invoice Date: 10/15/2018  
Service Period: October 1 - October 31, 2018

Total Contracted Allocation	Prior Invoiced Total	Monthly Award Amount
\$ 2,150,338.14	\$ 537,584.55	\$ 179,194.85

Monthly cash on hand adjustment	\$ -
Quarterly expenditure adjustment:	\$ 141,277.04
Total Due:	\$ 320,471.89
Allocation Remaining	\$ 1,292,281.71

Signature: Margie Middleton

Approved  
10/15/18  
Jeff Bense

DS/DPAS  
2018 OCT 15 PM 4:12

REVIEWED